

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	101581,486	FILING DATE
APPLICANT		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		2			
4	2		2			
5	20		2			
6	22		2			
7	20		2			
8	202		2			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	2		2			
14	2		2			
15	2		2			
16	22		2			
17	20		2			
18	2		2			
19	2		2			
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	32	←	32	←		←
TOTAL CLAIMS	34	[REDACTED]	94	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	32	←		←
TOTAL CLAIMS	34	[REDACTED]	94	[REDACTED]		[REDACTED]